

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 462615	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3	/						53				
4	/						54				
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42	/						92				
43	/						93				
44	/						94				
45	/						95				
46	/						96				
47	/						97				
48	/						98				
49	/						99				
50	/						100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	34						TOTAL DEP.				
TOTAL CLAIMS	37						TOTAL CLAIMS				